4020591428

FE5AN018

FORM 3

REPORT OF RECEIPTS

For An Authorized Committee

SECRETARY OF THI SENATE

14 JUL 18 AM 10: 23

1 or 7 at 7 a							Office Use Only		
1. NAME COMM	OF MITTEE (in full)	TYPE OR P	PRINT ▼		ample: If typi er the lines.	ng, type	12FE4M	15	
Crow	w For 1	15 Se	nate	4		1 1 1			
ADDRESS (number and street) P_OB_O_X8_2_6									
Check if different									
than previously reported. (ACC) Cihirckiasha 1 OK 73.0.23 - 0825									
2. FEC I	DENTIFICATION	NUMBER ▼		CITY			STATE A	ZIP CODE	
CL	164999	16.83	3.	IS THIS REPORT	(N)	V OR	AMEN (A)	STATE ▼ DISTRICT	
	OF REPORT (Counterly Reports: April 15 Quarterly July 15 Quarterly	Report (Q1)	(b)	12-Day PRE	-Election Rep Primary (12F	P) [General	. , ,	
	October 15 Quart		3)	Election on	M M	/ D D /	Y * Y * Y * Y	in the State of	
	January 31 Year-l		(c)	30-Day POS	T-Election Re General (300	r	Runoff (3	in the	
5. Coverir	ng Period (6 03	1 / 2.7	57.4	through	Öle	/ 3. 0 /	State of	
I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Type or Print Name of Treasurer Type or Print Name of Treasurer									
Signature of Treasurer NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.									
	nission of false, error	neous, or incon	npiete infor	mation may s	subject the per	son signing (this Report to	the penalties of 2 U.S.C. §437g.	
. J	Use Only							FEC FORM 3 (Revised 02/2003)	